

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038607

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5096

STATE FILE NUMBER

FILED OCT 19 1962

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY, MISSOURILength of stay in 1b  
12 Hrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE KANSAS b. COUNTY WYANDOTTE

c. CITY OR TOWN KANSAS CITY, KANSAS.

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
949 MetropolitanReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
FRED E. BRUNS4. DATE OF DEATH  
Month Day Year  
OCTOBER 7, 19625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒8. DATE OF BIRTH  
9/9/949. AGE (last birthday)  
68IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY

CITY FIREMAN

11. BIRTHPLACE (City and state or country)

Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

GEORGE H BRUNS

## 13b. MOTHER'S MAIDEN NAME

EMILY ERDMANN

## 14. NAME OF HUSBAND OR WIFE

N/A

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes 6/8/17 to 5/10/19

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

VA HOSPITAL, RECORDS.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION, LEFT VENTRICLE

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CORONARY ARTERIOSCLEROSIS

/AORTIC VALVULITIS

DUE TO (c) CHRONIC RHEUMATIC HEART DISEASE WITH MITRAL AND/

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1:10PM 10/6/62 to 1:45 AM 10/7/62 last saw him alive on 10/7/62

Death occurred at 1:45 AM 10/7/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

Oct. 10, 1962

Maple Hill Cemetery

Kansas City, Ks.

## 24. FUNERAL DIRECTOR

ADDRESS

Simmons Funeral Home KCK

## 25. DATE RECD. BY LOCAL REG.

10-8-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. Owens

VS 300  
Rev. 4/59

1

3

4 0

5 3

6

7 1

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9 4201

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12 76-3

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Max C. Meyer*

Licensed Embalmer No.

*4555*

P. O. Address

*K.C. KS*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.